

ICMJE DISCLOSURE FORM

Date: 28/10/2025
Your Name: PEDRO BECERRA
Manuscript Title: Grasa epicárdica y su relación con alteraciones morfológicas cardiacas y marcadores de disfunción diastólica
Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i5.20931>

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 20px; margin-top: 5px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None
6	Payment for expert testimony	<input checked="" type="checkbox"/> None
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None
11	Stock or stock options	<input checked="" type="checkbox"/> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None

13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="343 201 375 313"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			

Please place an "X" next to the following statement to indicate your agreement:

<input checked="" type="checkbox"/>	I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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ICMJE DISCLOSURE FORM

Date: 28/10/2025

Your Name: CARLOS BUSO

Manuscript Title: **Grasa epicárdica y su relación con alteraciones morfológicas cardiacas y marcadores de disfunción diastólica**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i5.20931>

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	advocacy group, paid or unpaid	COMITE DE DIABETES y CANCER	PRESIDENT OF International s congress						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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Dr. CARLOS JAVIER BUSO –ORCID 0009-0001-0079-3499

ICMJE DISCLOSURE FORM

Date: 28/10/2025

Your Name: FIORELLA CHICOTE

Manuscript Title: Grasa epicárdica y su relación con alteraciones morfológicas cardiacas y marcadores de disfunción diastólica

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i5.20931

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 266 1516 401"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<table border="1" data-bbox="383 506 1516 606"> <tr> <td>Boehringer Ingelheim</td> <td>Honoraria for a scientific lecture, 2025</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Boehringer Ingelheim	Honoraria for a scientific lecture, 2025							
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7	Support for attending meetings and/or travel	<table border="1" data-bbox="383 1039 1516 1173"> <tr> <td>Industry sponsor: Siegfried</td> <td>Travel support provided to attend the ADA 2024 Scientific Sessions</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Industry sponsor: Siegfried	Travel support provided to attend the ADA 2024 Scientific Sessions							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1484 1516 1585"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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Fiorella Sofía Chicote
Médica
M.N. 166192

ICMJE DISCLOSURE FORM

Date: 28/10/2025

Your Name: EZEQUIEL FORTE

Manuscript Title: **Grasa epicárdica y su relación con alteraciones morfológicas cardiacas y marcadores de disfunción diastólica**

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Dr Ezequiel Forte DNI 24114463 1

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Date: 28/10/2025

Your Name: SANTIAGO LYNCH

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ADIUM	ELEA									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1281 1531 1386"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1522 1531 1627"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1764 1531 1869"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 201 1523 306"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 443 1523 548"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 684 1523 789"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

Please place an "X" next to the following statement to indicate your agreement:

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Santiago Lynch
Médico Cardiólogo
MN 104349 MP 450438

ICMJE DISCLOSURE FORM

Date: 28/10/2025

Your Name: HUGO SANABRIA

Manuscript Title: Grasa epicárdica y su relación con alteraciones morfológicas cardíacas y marcadores de disfunción diastólica

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i5.20931

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 268 1516 401"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<table border="1" data-bbox="383 506 1516 674"> <tr><td>NOVO NORDISK</td><td>SPEAKER</td></tr> <tr><td>BOEHRINGER INGELHEIM</td><td>SPEAKER</td></tr> <tr><td>CASASCO</td><td>SPEAKER</td></tr> <tr><td>BAGO</td><td>SPEAKER</td></tr> <tr><td>ELEA</td><td>SPEAKER</td></tr> </table>	NOVO NORDISK	SPEAKER	BOEHRINGER INGELHEIM	SPEAKER	CASASCO	SPEAKER	BAGO	SPEAKER	ELEA	SPEAKER	
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CASASCO	SPEAKER												
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 831 1516 932"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
7	Support for attending meetings and/or travel	<table border="1" data-bbox="383 1005 1516 1106"> <tr><td>NOVO NORDISK</td><td>ESC 2025</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NOVO NORDISK	ESC 2025									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<table border="1" data-bbox="383 1411 1516 1512"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<table border="1" data-bbox="383 1619 1516 1751"> <tr><td>Member of the Scientific Committee of the Argentine Diabetes Congress</td><td>Argentine Diabetes Society</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Member of the Scientific Committee of the Argentine Diabetes Congress	Argentine Diabetes Society									
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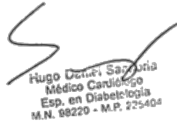
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Hugo Daniel Sanabria



ICMJE DISCLOSURE FORM

Date:	28/10/2025
Your Name:	VALERIA CALZIA
Manuscript Title:	Grasa epicárdica y su relación con alteraciones morfológicas cardíacas y marcadores de disfunción diastólica
Manuscript Number (if known):	https://doi.org/10.7775/rac.es.v93.i5.20931

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	advocacy group, paid or unpaid	COMITE CAPITULO DEL LITORAL	5 VOCAL
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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Dra Valeria Calzia



ICMJE DISCLOSURE FORM

Date: 28/10/2025

Your Name: JUAN NAVARRO

Manuscript Title: Grasa epicárdica y su relación con alteraciones morfológicas cardiacas y marcadores de disfunción diastólica

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i5.20931

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 Dr. Juan Navarro
 MEDICO ESP. CARDIOLOGIA
 M.P. 8307

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Dr. Juan Manuel Navá.
MEDICO ESP. CARDIOLOGO
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